

# STATE OF MARYLAND EXPENSE ACCOUNT

(PRINT OR TYPE)

Department \_\_\_\_\_  
 Unit or Division \_\_\_\_\_  
 Agency Code \_\_\_\_\_ Employee Social Security No. \_\_\_\_\_  
 Employee Name \_\_\_\_\_  
 and Address \_\_\_\_\_  
 Assigned Office Location (City) \_\_\_\_\_ One Way Commute Miles \_\_\_\_\_  
 One Way Commute Minutes \_\_\_\_\_  
 For Period Beginning \_\_\_\_\_ And Ending \_\_\_\_\_

For Agency Use Only	
Program, Object and Project Number	Amount

Date	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTALS
Hotel								
Breakfast								
Lunch								
Dinner								
Telephone								
Fare (Indicate below)								
Taxi								
Bridge or Road Tolls								
Mileage * (See Below)								
Parking								
Registration Fee								
Totals								

Method of Travel     Plane     Railroad     Bus     Other \_\_\_\_\_  
(Specify)

Purpose of Travel: \_\_\_\_\_  
 \_\_\_\_\_

Date	Time		TERRITORY COVERED INCURRING ABOVE EXPENSES	Total Miles	Total Commute Miles	Reimb. Miles*
	Start	End				
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

\*Compute equal to total miles less total commute miles, if applicable.

Date \_\_\_\_\_

Certified just and correct and payment not received \_\_\_\_\_  
(Signature of employee)

Approved by \_\_\_\_\_  
Immediate Supervisor

Approved by \_\_\_\_\_  
Authorized Signature

Title \_\_\_\_\_